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## Attention: Medicaid Physicians, Pharmacies, FQHC, RHC, Nursing Homes, Provider Associations

### RE: Quarterly Updated PDL

Effective October 1, 2005, Alabama Medicaid will implement its regular quarterly update to the Preferred Drug List (PDL). Please visit our website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us) for a complete listing of preferred agents, and a quick reference guide of changes effective October 1 can be found below.

Stable therapy applies for all PDL classes for children 18 years and under. The stable therapy application for adults is limited to specific classes. Complete information regarding stable therapy can be found on our website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us); click on Programs/Pharmacy Services/Prior Authorization Overrides Criteria and Forms/Criteria Instruction Booklet for Form 369. Electronic Prior Authorization should assist providers in approval of requests when the patient meets stable therapy requirements.

Any questions regarding the above information can be directed to the Alabama Medicaid Pharmacy Services at (334) 242-5050.

### October 1, 2005 PDL Quarterly Update

Drug Category	Additions	Deletions
Anti-infective Agents		
	None	Augmentin ES
		Mepron
Behavioral Health		
	Adderall XR	Elavil
	Focalin XR	Metadate ER
		Paxil
		Ritalin SR
		Serzone
		Wellbutrin
		Wellbutrin SR
Cardiovascular Health		
	Crestor	Calan
	Dynacirc CR	Cardizem
		Cardizem SR
		Dynacirc
		Lotensin
		Lotensin HCT
		Monopril
		Monopril HCT
		Procardia
		Sular
Gastrointestinal Agents		
		Prevacid

September 27, 2005